

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 606448016US1	
<b>Application Number</b> 09/774,236-Conf. #9845		<b>Filed</b> January 29, 2001	
<b>For</b> METHOD AND SYSTEM FOR COPY PROTECTION OF DATA CONTENT			
<b>Art Unit</b> 2137		<b>Examiner</b> N. Khoshnoodi	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60      \$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230      \$ 460.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525      \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820      \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> Payment by Electronic Funds Transfer (EFT) Account.			
<input checked="" type="checkbox"/> The Director is authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-2283</u> .			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,956</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>/Michael A. Oblon/</u> Signature		<u>March 17, 2008</u> Date	
<u>Michael A. Oblon</u> Typed or printed name		<u>(202) 628-6600</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4)

Dated March 17, 2008

Electronic Signature for Michael A. Oblon /Michael A. Oblon/